

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001746

AMENDED

Registration District No. <u>149</u>		Primary Registration District No. <u>1002</u>		Registrar's No. <u>614</u>		STATE FILE NUMBER	
1. PLACE OF DEATH							
a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>				Length of stay in 1b <u>19 YRS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>P.O.A. GEN. HOSP.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1705 LYDIA</u>	
3. NAME OF DECEASED (Type or print)				First <u>ALLEN</u> Middle <u>M.</u> Last <u>HODGE</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>25</u> Year <u>1962</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-3-1901</u>	
9. AGE (last birthday) <u>60</u>		10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>DONT KNOW</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELDORADO, ARK.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DONT KNOW</u>				13b. MOTHER'S MAIDEN NAME <u>DONT KNOW</u>		14. NAME OF HUSBAND OR WIFE <u>LUCILLE HODGE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>WELFARE OFFICE, K.C., MO.</u>		17. INFORMANT Address	
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Myocardial Insufficiency</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Chronic Myocarditis</u>							
DUE TO (c) <u>Arteriosclerosis</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>Hour</u> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or Title) <u>Deputy Coroner</u>				22b. ADDRESS <u>1618 Lydia Ave</u>		22c. DATE SIGNED <u>1/26/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>2-2-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>K.C. OSTEOPATHY</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>	
24. FUNERAL DIRECTOR <u>BROWN-HUDSON, K.C., MO.</u>				25. DATE RECD. BY LOCAL REG. <u>2-2-62</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Millard B. Paskin

Licensed Embalmer No. 5013

P. O. Address K. C. M. S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.